



H.K. S.K.H. Lady MacLehose Centre

Membership Registration

SA 3

(Effective : 1.9.2000)
(Amended : 1.4.2006)

New Registration (Please fill in all the information)

Renew Registration Change of Information Additional Membership
(Please fill in the amended information only)

Please Use Block Letters

Membership Number :

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New Arrivals to HK(Less than 3 Years) : No Yes
Apply for CSSA Family Membership Fee Reduction :
 No Yes(Please show relevant documentary proofs)

Basic Membership : Individual Family Company
Supplementary Membership : Healthy Progress Society Study Room
 Mutual Help Society Fitness Centre Career Assistant Society
Unit : _____

Individual Membership / Family Membership Information

Identity Document No.	()	Sex	Male	Female	(Please indicate with '✓')
Name		Date of Birth	Day	Month	Year
Home Telephone		Other Telephone			
Correspondent Address					

Occupation full-time part-time unemployment retirement housewife student self-employment other

Education illiteracy kindergarten primary education F.1-F.3 F.4-F.5
 F.6-F.7 tertiary education degree level others

Marital Status single married widower/widow divorce separation

Family Membership Members' Information (This part is not applicable to applicant of individual membership)

	Name	Relationship	Identity Document Number	Date of Birth			Sex
1			()	Day	Month	Year	
2			()	Day	Month	Year	
3			()	Day	Month	Year	
4			()	Day	Month	Year	
5			()	Day	Month	Year	
6			()	Day	Month	Year	

#Family Membership Fee : Two Members Family \$60 ; Four Members Family \$90 ; From the fifth Member on \$30 for every additional member

Declaration: I hereby verify that the information above is true, I understand that membership fee cannot be withdrawn, and I have read, understand, and accept the Agreement on the Use of Personal Information below.

Signature of Applicant : _____ Date : _____

If the applicant is below the age of 18, please fill in the following information :

Name of Guardian: _____ Relationship: _____ Contact Telephone: _____
Signature of Guardian: _____ Date: _____ Fax Number: _____

Agreement on the Use of Personal Information :

- I understand and agree completely with HK SKH Lady MacLehose Centre in that the aim of gathering my personal information is based on my application for the Centre's services. I agree that this information can circulate to those staff(s) on a need-to-know basis, so as to assist in my application for the Centre's services.
- I understand that providing personal information to the Centre is voluntary. If I cannot provide adequate personal information, the Centre might not be able to handle the services application and delivery. I would be responsible for such delay in service delivery due to inadequate information.
- I also understand that I should ensure the accuracy of the information I provided. If there is any change of this information I would be responsible to notify the Centre as soon as possible. Otherwise I would be responsible for any delay in service delivery caused by this undeclared change in information.
- I also understand that if the service application involves the personal information of my family members, children, relatives, and friends, I should be responsible to obtain their approval.
- I know that the personal information I provide would be destroyed 3 years after the service(s) ended.
- Accept for those areas fall within the exemption stipulated in the Personal Information (Privacy) Act, I know I have the right to check and amend my personal information stored in the Centre through application. I understand that I can contact the Director of HK SKH Lady MacLehose Centre to make such enquiry and application: Address: No.22 Wo Yi Hop Road, Kwai Chung, NT, Contact Telephone Number: 24235265

Cheque payable to :
HK SKH Lady MacLehose Centre

For Agency Official Use Only

Authorized Person / Date : _____
Membership Due Day : _____
Remarks : _____